



# Joe Humbert Family Aquatic Center

## Rental Agreement/Reservation

200 DeHaven Street, PO Box 6  
Milton-Freewater, OR 97862  
Phone: 541-938-9166

Current Date: \_\_\_\_\_

Group: \_\_\_\_\_

Requested Date of Rental: \_\_\_\_\_ Requested Rental Time: \_\_\_\_\_

Number of Attendees: \_\_\_\_\_

*This rental group agrees to the following conditions of this rental agreement:*

1. Pay a full deposit at the time of reservation, based on the number of patrons to use the facility (see below for rates)

\$

2. To abide by all facility rules, as posted and enforced by staff

3. To forfeit cost if rental is canceled less than 24 hours before rental. If rental is cancelled due to prohibitive weather, a new date may be scheduled based on availability or a refund may be offered.

4. Rental group understands that any additional patrons, not listed and paid for (see #1) will need to be paid for if outside rate parameters as listed below. No patrons will be allowed into the pool area unless included in this fee.

5. The rental group will provide at least one person to check admittance of group to assure only group members are admitted to the facility.

**Rental Rates:** As per City of Milton-Freewater Resolution 2043, dated May 14, 2007.

1-65 people \$100.00/hr

Concession not available

66-100 people \$125.00/hr

Concession wanted ? ☐ yes ☐ no

101-140 people \$175.00/hr

Concession wanted ? ☐ yes ☐ no

141-200 people \$200.00/hr

Concession wanted ? ☐ yes ☐ no

*The undersigned hereby states that they have read and agree to the terms of this rental agreement.*

Authorized Signature

*To be completed by the manager*

Date Paid: \_\_\_\_\_

Check # \_\_\_\_\_ or Cash \_\_\_\_\_

Manager's Approval

Contact Information: (please print)

\_\_\_\_\_  
Name/Phone #

\_\_\_\_\_  
Address